

PSYCHOSOCIAL FIRST AID FOR PEOPLE WITH DISABILITIES IN CRISIS SITUATIONS – THE ROLE OF A SPECIAL EDUCATION TEACHER

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ABSTRACT

Regarding the growing frequency of crisis situations in society, an improvement of special educators' skills in providing psychosocial first aid (PFA) to people with disability in crisis situations needs to be taken into account. The goal of the study was to ascertain the special educator's role when providing PFA in selected crisis situations, as delineated by volunteers of Community-based psychosocial intervention teams.

In conducting the study, a qualitative approach was used with a multi-case study of the descriptive-exploratory character being the main method of the procedure conceptualization. The data was collected by means of combining a semi-structured interview and a projective technique – sorting out picture cards. A thematic analysis method was employed for data analyzing. Volunteers giving PFA to people with disabilities have faced significant difficulties. A specific approach in providing PFA to people with disabilities is necessary. Thus, strengthening of the special educator's role is required in the given field.

Keywords: psychosocial first aid, psychosocial support, crisis situation, special educator, disability

INTRODUCTION

At the present time, there is an increase in crisis situations. Crisis situations are also commonplace in everyday life of people with disabilities. These individuals have specific needs and requirements which need to be respected when providing assistance and counselling in a crisis situation. By adhering to the working principles and the specificity of people with disabilities the process of providing intervention is effective.

The approach to people with disabilities in crisis situations is often neglected or dealt with only marginally both in scientific research and practice. This claim is substantiated by the research conducted by the authors in the preparatory phase (searched combinations of key words: psychosocial first aid, psychosocial support, crisis, crisis situation, crisis intervention, evacuation AND disability or disabilities or disabled). Foreign studies that were found describe the evacuation of people with disabilities and offer information on the evacuation process as a whole, evacuation plans, technical security, architectural obstacles of buildings, evacuation strategies, differences and specifications in the evacuation of people with and without disabilities [1], [2], [3], [4], [5], [6].

The evacuation of people in a crisis situation is addressed here only in the sense of their "relocation" to a safer place. Other studies were also found and those are dealing with the preparedness of people with disabilities for evacuation in a crisis situation. These studies describe the specifications of the experience and behavior of people with disabilities in crisis situations. The studies emphasize the need for development, adaptation of evacuation plans and strategies for people with disabilities [7], [8], [9].

The studies, however, do not address working with the mind of the disabled individual "affected" by the crisis situation. The impact of crisis situations on the mind of the "affected" person can be mitigated by the provision of psychosocial first aid (PFA) which requires modifications for people with disabilities and personal preparedness of an intervention specialist. PFA is the immediate response of an intervention specialist (assisting person) to the basic psychosocial needs of an "affected" individual who needs to be immediately accommodated in a crisis situation. The goal is psychological stabilization of the "affected" person. Psychological needs can include, for example, physiological needs, the need for safety, orientation in a crisis situation, needs for stabilization, information, psychological and material support, sharing, etc. [10]. Providing PFA is a help that should not be forced upon people in a crisis, but it should be available to them if wanted and needed [11].

Different approaches are used to provide PFA in practice. Basic PFA includes Critical Incident Stress Management; National Child Traumatic Stress Network; National Center for PTSD; World Health Organization [10]. In selected PFA approaches, similar phases of PFA process can be observed:

a) In the first phase, it is always necessary to establish contact with the "affected" person to gain mutual trust (e.g. respect for an individual's personality, his experience, behavior), and to ensure security to provide PFA (e.g. moving to a safer place).

b) In the next phase, an intervention specialist responds to the needs of the "affected" (e.g. the need for safety - grounding, orientation in the situation, focusing on the situation "here and now"). It is always necessary to communicate only verified and true information. These statements must be made in a simple and comprehensible manner, not lengthily. In order to psychologically stabilize the "affected" person, it is essential to take into account also nonverbal signs (e.g. tremor, stupor) and needs (e.g. breathing and other bodily needs). Furthermore, it is important to give the "affected" person enough time and space to express his emotions and needs, and to listen to him and give feedback (to verify mutual understanding).

c) In the final phase, it is necessary to identify natural sources of help/support (family, friends, neighbors, community, etc.), or to find follow-up care services (crisis centers, counselling centers, psychologists, etc.) and to hand over the affected individual.

In the Czech Republic, PFA in crisis situations is primarily provided by sections of the Integrated Rescue System (IRS) or volunteers from non-governmental, non-profit, or humanitarian organizations. An example of these are Community psychosocial intervention teams (CPI teams). This is a

coordinated grouping of volunteers who are doing the fieldwork in communities affected by a crisis situation. Training of volunteers of a CPI team is carried out mainly by ADRA ČR (Adventist Development and Relief Agency, Czech Republic). Volunteers of a CPI team usually have "only" basic PFA training. A crisis situation involving people with disabilities often requires a specific approach from an intervention specialist. The form of providing PFA to people with disabilities in crisis situations needs to be modified with respect to individual, specific needs and each person's possibilities. These may be caused by, for example, deterioration of the state of health, unpredictability of emotional reactions, the need for rituals, rejection of physical or visual contact, deficits in sensory perception, limited ability to move, worsened orientation in space or in the situation, necessity to use medical equipment, compensatory aids, and augmentative and alternative communication, and others [11].

The participation of workers from helping professions helps to improve the process of providing PFA to people with disabilities. During PFA to people with disabilities, it could be useful to have a special education teacher present who, by the nature of his/her profession, knows the specifications of the approaches and the individual needs of people with different categories of disability.

In order to determine the position and the role of a special education teacher providing PFA, the following study objective was set: "To ascertain the position and the importance of a special education teacher when dealing with crisis situations, as expressed by volunteers of CPI teams".

The research objective was linked to the research question: "What is the role of a special education teacher as a member of a CPI team when providing first psychosocial aid during a crisis situation, as expressed by volunteers of CPI teams?"

RESEARCH DESIGN

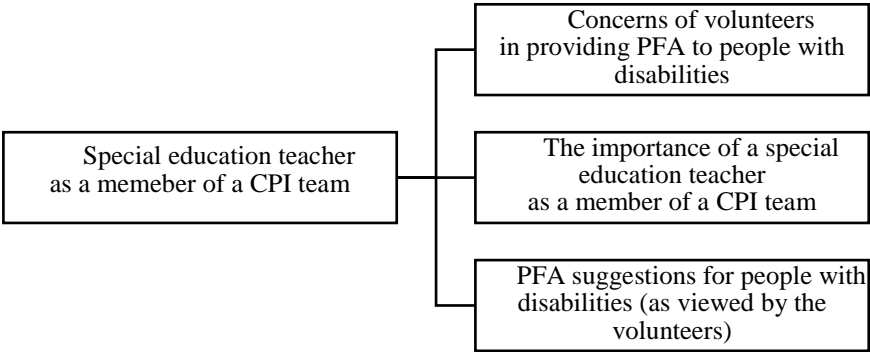
The qualitative approach was used in the study and a multi-case study with a descriptive-exploratory character was as the method of conceptualization. Data collection was carried out using a combination of semi-structured interviews and the projective technique of image card sorting. These cards depicted individual categories of disabilities (i.e., mental disability, visual impairment, hearing impairment, physical disability). Participants were selected by deliberate sample selection (the status of a CPI team volunteer of ADRA CR, number of crisis events in which the volunteer was involved in: 2 or more, time from the last intervention: 5–10 years).

A gradual construction of the sample was used - the main coordinator of the CPI teams in the Czech Republic was contacted and asked to provide contact information of the members of the CPI teams who fulfilled the criteria to be accepted into the study (snowball sampling). Thus, contact information and consent of 2 volunteers was obtained. At the next stage of the sample design all 13 coordinators of the CPI teams in the Czech Republic were asked to send out the request to participate in the study. Based on this appeal, another participant was gained and contact information of other potential volunteers was further obtained during the study. Prior to the inclusion of the participants in the research sample, it was verified by the researchers on the phone that these potential volunteers meet

the set criteria. At the end, 4 participants were included in the study. Participants were instructed to sort the cards according to their ability to provide PFA to a person with the depicted disability. In addition, there was a discussion about different ways of interventions based on individual categories of disability, about the possibility of solving these situations or the importance of the presence of a special education teacher in a CPI team. Thematic analysis (based on coding and categorization of meanings) was used in data analysis.

RESULTS

There were 3 topics identified characterizing the process of providing PFA to people with disabilities from the perspective of volunteers of CPI teams. Topics are illustrated by the following diagram (Scheme 1 Overview of topics – Special education teacher as a member of a CPI team).



Scheme 1. Overview of topics – Special education teacher as a member of a CPI team

1. Concerns of volunteers in providing PFA to people with disabilities. Participants consider it problematic to provide PFA to people with multiple disabilities, hearing impairment, cognitive disability, or mental health disabilities. The areas that participant find problematic include: mutual understanding, aggression by people with disabilities and the general approach to these people in a crisis situation (the phenomenon of the relationship) and during its solution (the phenomenon of the course). Possible solutions to the crisis situations involving people with disabilities (according to the participants) are the use of physical contact, people who are familiar to the individual with disability, sending for emergency medical services, devaluation of a person with a disability (an intervention specialist automatically accessing an adult person with a disability as a child), etc. Participants in the study also expressed concern about providing PFA to people with autistic spectrum disorders. The main reason for the concerns expressed by the participants is the feeling of fear, uncertainty and aggression from the intervention specialist. However, not all of the participants shared the concerns about providing PFA to people with disabilities.

2. The importance of a special education teacher as a member of a CPI team. A CPI team consists of volunteers who hold various professions. For this reason, a special education teacher may or may not be present in a CPI team. The study also focused on identifying the role of a special education teacher as a member of a CPI team from the point of view of the participants. The participants said that their CPI team still does not have a special education teacher. However, the participants had an ambivalent attitude towards the presence of a special education teacher in their CPI team: some participants are in favor of having him on the team, but others are completely opposed to the idea. The attitude is related to participants' concerns about the special education teacher being a possible disruption to CPI team's missions (a volunteer can be anyone regardless his profession), the participants assume that the contribution of a special education teacher in their CPI team would be minimal.

3. PFA suggestions for people with disabilities (as viewed by the volunteers). According to the participants, the situation could be solved by a thorough training of volunteers in a CPI team on working with people with disabilities – this should include theoretical knowledge (specifications of individual disabilities, basis of sign language, etc.) and practical model situations (of demanding nature) that should simulate providing PFA to these people. Another option is to create a network of "contracted" special education teachers – which would provide distance support to CPI teams in providing PFA to people with disabilities.

DISCUSSION AND RECOMMENDATIONS

In the study, volunteers expressed their worries about providing PFA to people with disabilities. These are combined with the fears of their own inability to provide PFA to people with special needs – mainly due to ignorance of specifications, individual needs and approaches to these people.

This situation could be facilitated by the presence of a special education teacher in a CPI team. A special education teacher has the knowledge of the types, classifications, manifestations and specifications of individual disabilities or the knowledge of the possibilities to use compensatory aids. The possible contribution of a special education teacher as a member of a CPI team can also be seen in his competencies to communicate with individual groups of people with disabilities (knowledge of sign language, Braille, alternative and augmentative communication, etc.). The specificity of the approach applied to people with disabilities is also emphasized in the methodological materials of World Health Organization [11], Australian Red Cross [12], International Federation Reference Centre for Psychosocial Support [13] and other organizations.

The study focused on the role (importance) of a special education teacher as a member of a CPI team. Volunteers encounter considerable difficulties in providing PFA to people with disabilities. It has been found that special education teachers are not part of the CPI teams in which the volunteers participate. Despite the above-mentioned difficulties in dealing with people with disabilities, an ambivalent attitude towards the presence and importance of a special education teacher in a CPI team can be observed with volunteers. This attitude is manifested mainly in the fear of disturbing the basic mission of CPI teams (providing PFA regardless of the profession of the intervention specialist), the lack of usage for a special education

teacher in a CPI team, etc. To improve the current situation, a proposal for methodology for providing PFA to people with disabilities aimed at volunteering CPI teams could be made, as well as a draft of a content for a training course for volunteers. The findings of EUNAD and EUNAD IP projects [14] or certain procedures commonly applied by the emergency services (The Ministry of the Interior – General Directorate of the Fire Rescue Service of the Czech Republic) [15] can be used as a basis to create methodology or a training course. However, these approaches need to be appropriately modified to take into account the specifications and individual needs of people with disabilities.

Equally important is the strengthening of the role (meaning) and the presence of a special education teacher as a member of a CPI team which could, for example, contribute to the creation of a network of "contracted" special education teachers. This network would provide distance support to CPI teams in providing PFA to people with different disabilities.

CONCLUSION

Providing PFA in crisis situations to people with disabilities requires certain modifications and demands for personal readiness of the intervention specialist.

The volunteers of CPI teams expressed their own unpreparedness in providing PFA to disabled people in crisis situations. In order to improve the process of providing PFA to people with disabilities, it would be appropriate to strengthen the role (meaning) and the presence of a special education teacher. It is necessary to make an appeal for special education teachers to develop special competencies needed in providing PFA. Special education teachers should be aware of at least the basics of providing PFA to people with disabilities and in a crisis situation they should be able to coordinate their activities both with members of CPI teams and with professionals from emergency services. The issue of experiencing and managing crisis situations by people with disabilities can be seen as a current topic deserving proper attention for applied approaches, as well as for basic research activities.

DECLARATION OF INTEREST

The author declares that the present study has no conflict of interest. The author also declares that the text includes appropriate citations of all bibliographical sources.

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REFERENCES

[1] Boyce K., Safe evacuation for all – Fact or Fantasy? Past experiences, current understanding and future challenges, *Fire Safety Journal*, vol. 91, pp. 28–40, 2017.

- [2] Butler K. et al., Perspectives of occupants with mobility impairments on evacuation methods for use during fire emergencies, *Fire Safety Journal*, vol. 91, pp. 955–963, 2017.
- [3] Koo J. et al., Estimating the impact of residents with disabilities on the evacuation in a high-rise building: A simulation study, *Simulation Modelling Practice and Theory*, vol. 24, pp. 71–83, 2012.
- [4] Kuligowski E. et al., Stair evacuation of older adults and people with mobility impairments, *Fire Safety Journal*, vol. 62/Part C, pp. 230–237, 2013.
- [5] Loy B., Hirsh A., Batiste L. C., Including employees with disabilities in emergency evacuation plans: 9/11's Effect on the demand for information, *Work*, vol. 27/issue 4, pp. 407–411, 2006.
- [6] Manley M., Kim Y. S., Modeling emergency evacuation of individuals with disabilities (exitus): An agent-based public decision support system, *Expert Systems with Applications*, vol. 39/issue 9, pp. 8300–8311, 2012.
- [7] Kailes J. I., Emergency evacuation preparedness, taking responsibility for your safety: a guide for people with disabilities and other activity limitations, Pomona, Calif.: Center for Disability Issues and the Health Professions, Western University of Health Sciences, 2002, 36 pp.
- [8] Koo J., Kim B., Kim Y. S., Estimating the effects of mental disorientation and physical fatigue in a semi-panic evacuation, *Expert Systems with Applications*, vol. 41/issue 5, pp. 2379–2390, 2014.
- [9] Wilson L., Evacuation of People with Disability & Emergent Limitations: Considerations for Safer Buildings (The Guidebook), Edition 2.0, 169 pp., 2016.
- [10] Špatenková N. et al., Crisis and crisis intervention [Kříze a krizová intervence], Czech Republic, 2017, 285 pp.
- [11] World Health Organization, Psychological first aid: guide for field workers, Switzerland (Geneva), 2011, 64 pp.
- [12] Australian Red Cross, Psychological First Aid – An Australian guide to supporting people affected by disaster, 2013, 23 pp.
- [13] International Federation Reference Centre for Psychosocial Support, Psychosocial interventions: a handbook, Denmark, 2009, 198 pp.
- [14] Vymětal Š., Supporting people with disabilities in disasters [Podpora lidí s disabilitou při katastrofách], *E-psychologie*, vol. 10/issue 2, pp. 47–49, 2016.
- [15] The Ministry of the Interior – General Directorate of the Fire Rescue Service of the Czech Republic [Ministerstvo vnitra – Generální ředitelství hasičského záchranného sboru České republiky], Bojový řád jednotek požární ochrany – taktické postupy zásahu. Zásady komunikace s osobami se zdravotním postižením na místě zásahu, 2007, 5 pp., Retrieved from: <http://metodika.cahd.cz/bojovy%20rad/S.12%20Komunikace%20s%20postizenym.pdf>